



Step Therapy/Prior Authorization Criteria for Renin Angiotensin Antihypertensive Agents (RAAs)

Background

The Renin-Angiotensin Antihypertensive Agents (RAAs) drug class includes several angiotensin receptor blockers (ARBs) [losartan (Cozaar), valsartan (Diovan), candesartan (Atacand), telmisartan (Micardis), eprosartan (Teveten), olmesartan (Benicar), and irbesartan (Avapro)], angiotensin converting enzyme inhibitors (ACEs) [benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, trandolapril, and ramipril], direct rennin inhibitors (DRIs) [aliskiren (Tekturna)] and combinations of these agents with HCTZ or antihypertensives [Lotrel, Tarka, Azor, Twynsta, Tekamlo, Tribenzor, Amturnide, and Exforge]. Currently, all of the agents listed in the RAAs class are on the Uniform Formulary. The non-preferred RAAs Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valtuna, Tekamlo, Tribenzor and Amturnide are subject to prior authorization.

DoD's preferred agents for patients who require therapy with one of the agents from the RAAs are losartan (Cozaar), losartan HCTZ (Hyzaar), Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, and Twynsta.

In order to promote use of preferred agents for those patients who require drugs in the RAAs class, step therapy/prior authorization requirements apply to Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valtuna, Tekamlo, Tribenzor and Amturnide. TRICARE coverage for these agents depends on whether you meet step therapy/prior authorization criteria.

What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred (second-step) drugs are only prescribed if the preferred medication is ineffective or poorly tolerated.

Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valtuna, Tekamlo, Tribenzor and Amturnide will only be approved for first time users after they have tried one of the preferred agents. Beneficiaries who filled a prescription for one of the restricted drugs during the last 180 days will not be affected by step therapy requirements and won't have to switch medications.

Patients currently receiving losartan (Cozaar), losartan HCTZ (Hyzaar), Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, and Twynsta

You will be able to continue to receive Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, and Twynsta at a \$9 cost share. Generics for all of the ACEs, losartan and losartan HCTZ are available at a \$3 generic cost share.

Patients currently receiving Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valtuna, Tekamlo, Tribenzor and Amturnide

If you have filled a prescription for Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valtuna, Tekamlo, Tribenzor and Amturnide through your TRICARE benefit during the previous 180 days, you will be able to continue to receive these medications at a \$9 (Tier 2) cost share.

Patients starting treatment with Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valturna, Tekamlo, Tribenzor, and Amturnide

You must have tried losartan (Cozaar), losartan HCTZ (Hyzaar), Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, or Twynsta in the previous 180 days in order for TRICARE to cover a prescription for Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valturna, Tekamlo, Tribenzor, and Amturnide unless you meet prior authorization criteria.

Cost shares for patients starting treatment with RAA Agents

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Generic ACEs, losartan, losartan HCTZ	\$3	\$3	\$0
Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, and Twynsta	\$9	\$9	\$0
Atacand, Atacand HCT, Avapro, Avalide, Azor, Benicar, Benicar HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Valturna, Tekamlo, Tribenzor, and Amturnide	Must try losartan (Cozaar), losartan HCTZ (Hyzaar), Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, or Twynsta ¹		

1. Or meet prior authorization criteria below

Prior Authorization Criteria

The following criteria were established by the DoD P&T Committee at their August 2010 meeting. The prior authorization form for these medications is available on the [TRICARE Pharmacy Prior Authorization page](#). The effective date is 12 January 2011.

Step Therapy / Prior Authorization Criteria

TRICARE will NOT cover second-step agents for new patients—defined as patients who have not filled at least one prescription for a first-step drug (generic losartan, losartan HCTZ, Diovan, Diovan HCT, Exforge, Exforge HCT, Micardis, Micardis HCT, or Twynsta) in the previous 180 days at any DoD Pharmacy point of service— UNLESS the patient meets one of the following criteria:

1. The patient has tried one preferred RAA agent and had an inadequate response.
2. The patient has tried one preferred RAA agent and was unable to tolerate it due to adverse effects.
3. The patient has a contraindication to the preferred RAA agents which is not expected to occur with the non-preferred RAA agents (e.g., history of angioedema).

Criteria approved through the Uniform Formulary decision-making process (12 August 2010).

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Skyline 5, Suite 810, 5111 Leesburg Pike,
Falls Church, VA 22041-3206

